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Evolution of Occupational Therapy Practice: Life History of Stuart Kuchel M.S, OTR/L  
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### **Abstract**

*Objective.* This qualitative life history was completed as part of a larger sample of 29 participants aimed to gather information about the history and evolution of occupational therapy practice in North Dakota and Wyoming through life histories of individuals who have been influential in developing occupational therapy in these two states and/or nationally.

*Method.* The participant was assigned by the project directors through purposive sampling. A semi-structured phone interview was conducted with the interviewer and two primary researchers. Data was coded and analyzed, which was then collapsed into categories, themes and a final assertion.

*Results.* The predominate categories representing the major elements to Stuart's life history consist of: Roles, Education, Personal and Professional Development and Defining Occupational Therapy.

*Conclusion.* The findings indicate that Stuart's roles within his family, penchant for public service and collaboration, and his interest and prior education in anthropology have allowed him to develop a personal approach to occupational therapy practice.

### **Introduction**

This qualitative life history was completed as part of a larger sample of 29 participants. The purpose of this study is to gather information about the history and evolution of occupational therapy (OT) practice in North Dakota and Wyoming throughout life histories of individuals who have been influential in developing OT in these two states and/or at the national level. The qualitative research design used a life history approach, which allowed the focus to be on the participant's life in a chronological manner as well as their involvement in the evolution of OT practice.

The interview was conducted via phone, recorded digitally and transcribed verbatim. The project directors developed the semi-structured, open-ended interview schedule. The two primary researchers, second-year OT students, were in Casper, Wyoming on the Casper College Campus in a quiet study area during the interview. The subject of the interview was in the basement of his house near Cody, Wyoming. The subject seemed comfortable in assuming a conversational tone for the interview; this was the first phone conversation between the interviewers and participant; the time of the interview had previously been agreed upon by text message. The researchers split the interview questions and one researcher conducted the first half of the interview, and the second researcher conducted the second half of the interview. Following the interview the subject faxed in his written consent to participant in the study.

### **Literature Review**

Prior to attending Colorado State University, Stuart completed a Bachelor's Degree in Anthropology from the University of Wyoming. Subsequently, Stuart identifies himself as an anthropologist first and an occupational therapist second. The American Anthropology Association (AAA) defines anthropology as the study of humans both past and present utilizing social, biological and physical sciences as well as humanities to understand the complexity of cultures across history. A central concern of anthropologists is the application of this knowledge to find solutions to human problems (AAA, 2016).

When deciding to pursue OT after receiving his Bachelor's in anthropology, Stuart recognized that occupational theory had an "ill-defined" theory base. This is one of the aspects that made OT stand out to him more so than other allied health professions that he was investigating. The lack of a common theory guiding the profession gave Stuart a sense of freedom in his education as well as in practice. Keeping with his anthropological background,

Stuart decided to conduct a qualitative study for his thesis investigating education teams in middle schools. After graduation, Stuart was deeply involved in a multidisciplinary pediatric practice.

While the "ill-defined" theory base is one of the traits of OT that originally attracted Stuart to the profession, he recognizes that the development of frames of reference and theories are some of the most important developments within the profession, allowing for a unifying definition and mission for OT. Considering OT models while a student, Stuart identified the Model of Human Occupation (MOHO) as his the most influential to the profession during the early mid 1990's. While Stuart stated that the recent publication of MOHO was a frequent topic of discussion within his graduate program, the framework of the model had actually been published over a decade earlier by Gary Kielhofner in 1980 (Kielhofner & Burke, 1980). Over the course of the following decades, MOHO has been expanded into an assessment battery and applied to numerous populations in research and in practice.

In addition to MOHO, Stuart mentioned that the work of Anne Fisher and Anita Bundy had a strong influence on him during his education. Both are scholars within the realm of OT and have published extensively on the topic of sensory integrative dysfunction. Most notably, Fisher and Bundy, along with Elizabeth Murray, authored *Sensory Integration: Theory and Practice* in 1991 (Fisher, Murray & Bundy, 1991). Both Fisher and Bundy were professors in the Department of Occupational Therapy at Colorado State University while Stuart was enrolled (Bundy, 2017; Fisher, 2012). Following this exposure to sensory integration (SI) while a student, Stuart received certification in SI in 2000 and stated, "[SI] has not only helped me develop as a professional, but it helped me understand myself better and people in general better."

The American Occupational Therapy Association (AOTA) Representative Assembly passed Resolution J in 1999. Prior to this resolution, the educational standard of OT programs in the United States was at the baccalaureate level. Resolution J shifted the educational requirement to an entry-level Master's degree, requiring that all programs accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) be at the Master's degree level by 2007 (Brown, Crabtree, Mu & Wells, 2015). Stuart graduated from Colorado State with a Master's of Science in Occupational Therapy in January of 1996, prior to the mandated transition to post-baccalaureate education.

Following graduation, Stuart entered practice just before an interesting time within OT practice. The Balanced Budget Act was passed in 1997 which made significant cuts to Medicare (Latham et al., 2008), causing a slight disruption to OT service provision by placing a financial cap on therapy services in all settings except hospital outpatient departments. Stuart made no mention of this when recalling this period in his past. At this time, Stuart was beginning his career in a hospital setting, addressing the pediatric population as part of a multidisciplinary team. While Stuart did identify barriers to practice that eventually led to the dissolution of the program, the economic climate within healthcare wasn't referenced. This could be due to the exemptions of the Balanced Budget Act, as the team practiced in a hospital setting. A study conducted by Latham et al. (2008) found no significant reduction in the amount of Medicare beneficiaries with common diagnoses seen by either occupational therapists or physical therapists. This suggests that while it was an issue of concern within healthcare at the time, the Balanced Budget act was not as significant to OT services as often perceived.

After the multidisciplinary project was dissolved, Stuart created a private practice to address the pediatric population in the area surrounding Cody, Wyoming where he and his

family were located. Regarding OT practice, Cody, with a population of under 10,000 (United States Census Bureau, 2016), falls well below the population threshold of 50,000 to be considered a rural area of practice (Page, 1989). A survey of OT practitioners working in rural states in the early 1990's identified themes of rural practice that were consistent with the themes identified by Stuart (Kohler & Mayberry, 1993). The most significant parallel between the survey and interview was the topic of continuing education. The Kohler and Mayberry study identified that continuing education was considered necessary by survey participants in the Rocky Mountain region to maintain skills. However, more than 50% of respondents felt dissatisfied with the availability of continuing education. More than 50% of the respondents reported that they traveled more than 150 miles to attend continuing education (Kohler & Mayberry, 1993). Similarly, Stuart identified that while important to him, continuing education is difficult for him to obtain due to geographic limitations, "I do a lot of online stuff and correspondence stuff and that's just done for expediency; not having to take a lot of time off to travel... So yeah, I think that my continuing ed has suffered."

Discussing current trends within OT education, Stuart's penchant for higher education is apparent. The Accreditation Council for Occupational Therapy Education (ACOTE) has mandated that by 2027, the educational requirement for accreditation will be at the doctoral level (AOTA, 2017). In response, Stuart stated, "I really value our profession and if it's valued more in the marketplace, I think that's good. And if it's valued more academically or if it's lent more value by greater academic rigor, I don't know, maybe this is an overly simplistic answer, but I like it."

## **Theory**

The Kawa Model, 'kawa' is Japanese for 'river,' is a metaphor used to describe the natural, river-like flow of a clients' life. The flow of the water represents life flow and priorities, the river banks represent environments and contexts, rocks represent obstacles and challenges, driftwood represents influencing factors and space between the items represents opportunities for enhancing the flow of the 'river' (Teoh & Iwama, 2015). The life 'flow' or chronological history of a person can be related to the flow of a river making this an intuitive choice to guide a life history. Using this model as a framework allows for an understanding not only of where an individual is currently at, but the journey required for them to reach this point of their life.

The identified steps in applying the Kawa Model begin with appreciating the client in context, moving to clarification of the context. Clarification requires elaboration on the information previously gained. A semi-structured interview, as was used in this life history, allows for the individual to share their experience and reply to prompting questions to clarify the context they have expressed. The next step in the process is to prioritize the information according to the clients' perspective and assess the focal points that have been determined. This is reflected in the open coding to discover themes following the interview process (Teoh & Iwama, 2015).

### **Description of the Participant**

Stuart graduated from the University of Wyoming in 1993 with a Bachelor's of Science in Anthropology. He later obtained a Master's of Science in Occupational Therapy from Colorado State University in 1996. Stuart's thesis consisted of a qualitative ethnographic study in which he was embedded in a school to conduct research on team-based education in Loveland, Colorado. The purpose of his thesis was to expand on the use of collaborative models, to more effectively serve students of a special education program within middle schools. Stuart has been



in private practice for 15 years working with the pediatric population and has been certified in sensory integration since 2000. In the past, Stuart has been a member of the Representative Assembly of Wyoming and worked as part of a multidisciplinary pediatric healthcare team in the Big Horn Basin. He has also served as a board member for the Casper College Occupational Therapy Assistant program and is currently on the executive board for Our Camp, Inc., a volunteer led organization to provide camping experiences for individuals with disabilities. Stuart has practiced as an occupational therapist exclusively in the Big Horn Basin of Wyoming.

### **Methodology**

The qualitative life history design was used, which allowed the focus to be on the participant's involvement in the evolution of OT practice. Stuart was assigned from a list developed by the project directors through purposive sampling. There were no gatekeeper issues since the project directors made initial contact.

Data was collected by digital recording during the interview which was conducted via phone. The digital recording was then transcribed verbatim. The project directors developed the semi-structured, open-ended interview schedule that the primary researchers used. The interview consisted of fourteen questions that encompassed components of the Kawa model. The interview was one hour and thirty-one minutes long; time spent setting up the interview was roughly five minutes. This was the first phone conversation between the interviewers and participant; the time of the interview was determined previously by text message. When starting the interview, Stuart asked the interviewers questions related to the study, the first researcher then read the purpose, asked four demographic questions and six interview questions. The interviewers then switched and the second researcher completed questions seven through fourteen and the conclusion of the

interview. Data was analyzed and coded by both researchers, which was then collapsed into categories, themes and an assertion (see Appendix).

Trustworthiness was displayed in this research study. The data was triangulated by the two researchers by debriefing with the interviewee, reviewing jotted notes taken during the interview, reflective journaling at every phase of the research process and analyzing and reviewing the data. These processes together contribute to the validity and reliability of our study, as they guided our literature review topics, findings and conclusion.

### **Data Analysis, Findings, Results**

Following transcription of the interview, the primary investigators began to analyze the data through the use of open coding. The codes were then grouped into categories and the emergent themes were identified. From these themes, the investigators were able to synthesize the data into a logical sequence that followed Stuarts' life in a sequential manner, as represented by the Kawa Model. From this sequence of events and emergent themes, an assertion was derived. The identified steps in applying the Kawa Model begin with appreciating the client in context; in this example, gaining an understanding of Stuart through demographic information and the previously written interview questions. The next step of Kawa model is clarification of the context. Clarification requires elaboration on the information previously gained. The semi-structured nature of the interview allowed for the interviewers to ask questions to gain additional information.

#### **Category One: Roles**

One category that arose was the roles that Stuart has fulfilled throughout his life. From the data within this category the emergent thematic statement was, Stuart's roles within his family influenced the manner in which he gained an education and the manner in which he now

practices. The most consistent roles that were identified through the interview were his roles as a husband and father. Stuart disclosed that he was a non-traditional student who began his education at the age of 25; at the time, his daughter was already two years old, “I was an undergraduate for eight years as a whole, working part time and going to school part time and that whole type of thing.” Following his graduation from the University of Wyoming, Stuart’s wife assisted him in finding a new path of study within the allied healthcare professions; occupational therapy. When presented with the hypothetical question, “Imagine that I am a family member who is considering pursuing a degree in occupational therapy. What advice would you have to give?” Stuart disclosed that his 25-year-old son is currently beginning an OT program. It was made clear that his role as a parent has been central his identity throughout his adult life.

The second theme that emerged in this category was, In Stuart’s thesis and in practice he has emphasized the importance team membership can have in effective treatment outcomes. Stuart clearly values roles related to team membership. Prior to establishing his current private practice, Stuart was part of a multi-disciplinary team that eventually dissolved due to a lack of funding. Reflecting on the experience, Stuart stated,

My regret goes back to my regret about not being part of a team because then, we were making a difference. Four OT’s, three PT’s and three speech therapists and we were spreading the word. We were everywhere, and man, that felt good and I’m sorry that we weren’t able to keep that momentum going... The one thing I miss about leaving the pediatric project and being in a private practice is that I am not a part of a team anymore.

### **Category Two: Education**

Considering the emphasis placed on education by Stuart, both his own and pertaining to OT as a whole, the emergent thematic statements that was identified were: education has been a critical aspect of Stu's life both preceding and following his occupational therapy education; and increased academic rigor results in a profession that is more valuable in the healthcare marketplace.

The emphasis that Stuart places on education was very apparent. This is evident in the information provided about his own education as well as in the current trends of OT. While pursuing a Master's of Science in Occupational Therapy, Stuart's thesis was an ethnography in which he was imbedded into a middle-school to evaluate collaborative models as they pertained to special education teams. Pertaining to the educational paradigm shift within OT, the move to an entry-level doctoral degree for occupational therapists and a Bachelor's degree for occupational therapy assistants (OTAs), Stuart summarized his thoughts by stating, "Mo' education is mo' bettah!" Elaborating on the sentiment:

almost certain that OTA has done the numbers on it; how they think it's going to affect cost of service, the outreach... I really value our profession and if it's valued more in the marketplace, I think that's good. And if it's valued more academically or if it's lent more value by greater academic rigor, I don't know, maybe this is an overly simplistic answer, but I like it.

Stuart has also been directly involved in OT education by serving on the Board of Directors of the Occupational Therapy Assistant program at Casper College. His exposure to this program has enforced his belief in advancing OTA education; "I'm just not sure that the level of training that [OTAs] receive can offer a meaningful contribution to our profession. Or offers as powerful a contribution as it could."

Stuart also recognizes the value of continuing education although it is logistically difficult for him to obtain due to the geographic area in which he resides, as was substantiated as a common concern among rural practitioners by Kohler and Mayberry (1993). Stuart received certification in Sensory Integration in 2000 after being exposed to the topic by Anne Fisher and Anita Bundy while attending Colorado State University. Once the multi-disciplinary team concluded, Stuart found it much more difficult to obtain continuing education: “Anymore, I do a lot of online stuff and correspondence stuff and that’s just done for expediency; not having to take a lot of time off to travel and, you know, forgetting about it until the last moment. So yeah, I think that my continuing ed has suffered.”

### **Category Three: Personal and Professional Development**

The first theme that emerged in this category was, service to others and collaboration have been the guiding elements in Stuart’s development. Differentiating between elements of personal development versus professional development was difficult as the two paths are so closely ingrained. One sentiment that Stuart identified that he feels has been a guiding force in his life is the “Service Jones”:

The term that has been used a lot in my family is, “do you have the ‘service jones’?” You know, ‘do you really want to serve’? And, I think that it would really help meet my sons ‘service jones,’ and [OT] certainly has done that for me.

The second theme that emerged was; Stuart’s involvement in an evolving multidisciplinary team and participation in the state representative assembly exposed him to leadership positions and resulted in personal and professional growth. This desire to serve and help others has provided the motivation for Stuart both professionally and personally. His

experience in the multidisciplinary team early in his career provided Stuart with leadership experience and a catalyst for personal development:

I will tell you that the leadership position I held with the pediatric project at the hospital... the pediatric project ended up failing at the hospital... we were working for a contract company and... the hospital no longer felt like they wanted to pursue it in a big way and we were dismissed, we were let go and I think that that is some of the failure,... I can draw a straight line between my leadership skills and some of those failures, and so I have some regret about that. But at the time I learned a great deal that was good. Some of the other people who were working on the project... think I'm being too hard on myself but I think that they are just nice, actually... So uh, yeah, there has been a great deal of personal growth at that level.

Stuarts emphasis on service to others was also apparent when discussing potential drawbacks to working as an occupational therapist.

Well I can tell you even what the drawbacks would be for my son. If you're gonna do it right, you're not going to make as much money as the people who are doing it wrong. You've got to learn to live with that; you can make money or you can make a difference. And sometimes you can do some of both and that's kinda what you're shootin' for.

#### **Category Four: Defining Occupational Therapy**

Two themes emerged within this category: the broad, loosely defined theory base of occupational therapy has allowed Stu to incorporate his understanding of social dynamics into his approach to practice; and in his private practice Stu relies on his ability to embed himself within the social dynamics of families utilizing his background in anthropology to provide individualized care to his clients and their families.

Drawing from his background in anthropology, Stuart identifies that he may be an anthropologist first and an occupational therapist second. One of the first things that drew Stuart to OT was the “ill-defined theory base” that he perceived about the profession at the time. Although Stuart indicated that the Model of Human Occupation was just being published and gaining popularity while he attended Colorado State University, it had actually been published over a decade earlier in 1980 (Kielhofner & Burke, 1980). With this in mind, Stuart felt that he would have the ability to adapt his prior knowledge of social dynamics and anthropology into a practice model appropriate for him. Stuart identified that he has, “manipulated the boundaries so that OT will fit me instead of me fitting OT.” In this manner, he has purposefully built himself a practice in which he can embed himself within a variety of social dynamics. Regarding OT and the rural nature of his private practice, Stuart stated:

You know, for me, OT is not this thing that’s done in a room down the hall between a therapist and a patient; it’s something that’s imbedded in the social environment. And that social environment is mom and dad and brothers and sisters, or the classroom and teachers. So really, I’m not as tied to place as to group and I’ll drive to them... I love driving around and going over to Dogwater, Wyoming and working with this goofy little family out in the sticks and I love it. I love bringing them what I can and taking back what I can and... my practice decisions. My whole practice is built around being a rural practice. I mean, I drive a Prius not because they are cool but because I’ve got to buy a lot of gas.

## **Conclusion**

From the four emergent themes that were discovered an assertion was identified:

Stuart's roles within his family, penchant for public service and collaboration, and his interest and prior education in anthropology have allowed him to develop a personal approach to occupational therapy practice.

The identified thematic elements to the categories; roles, education, personal and professional development, and developing a personal definition of OT; are all represented within this assertion. The manner in which the data was interpreted and synthesized incorporates the chronological elements of flow found within the Kawa Model, which provides a linear framework for the development of a life history. The chronology begins with Stuart's education in anthropology, undertaken at the age of 25. The chronology progresses into his OT education as a graduate student at Colorado State University where he continued to evaluate the social dynamic aspect of team work and was exposed to Sensory Integration theory by Anita Bundy and Anne Fisher who were professors within the OT department at that time. At the time, post-baccalaureate education wasn't required by ACOTE to become licensed as an occupational therapist (Brown, Crabtree, Mu & Wells, 2015)

After concluding his formal education, Stuart entered practice as a member of a multidisciplinary healthcare team. This period within healthcare was marked by the passage of the Balanced Budget Act, which by some measures, resulted in a decline in OT practice. The end of the multidisciplinary team marked the beginning of Stuart's private practice. In creating his own rural pediatric practice, Stuart utilized his past experience and emphasis on social dynamics and interactions to craft a unique approach to OT utilizing his education in anthropology. Stuart has continued this practice for the past fifteen years, motivated by his desire to serve others. His passion has been passed along to his son who now follows in his footsteps to become an occupational therapist.





## References

- American Anthropological Association. (2016). *What is anthropology?*. Retrieved from <http://www.americananthro.org/AdvanceYourCareer/Content.aspx?ItemNumber=2150&navItemNumber=740>
- American Occupational Therapy Association. (2017). *ACOTE 2027 Mandate and FAQs*. Retrieved from <https://www.aota.org/Education-Careers/Accreditation/acote-doctoral-mandate-2027.aspx>
- American Occupational Therapy Association (AOTA). (2015). *Salary & workforce survey: Executive summary*. Retrieved from <https://www.aota.org/Education-Careers/Advance-Career/Salary-Workforce-Survey.aspx>
- Brown, T., Crabtree, J., Mu, K., Wells, J. (2015) The next paradigm shift in occupational therapy education: The move to the entry-level clinical doctorate. *American Journal of Occupational Therapy* 69 (Supplement\_2):6912360020p1-6912360020p6. doi: 10.5014/ajot.2015.016527.
- Bundy, A. (2017) *Curriculum Vitae*. Retrieved from [http://www.ot.chhs.colostate.edu/faculty-staff/cv/Bundy\\_08\\_2017.pdf](http://www.ot.chhs.colostate.edu/faculty-staff/cv/Bundy_08_2017.pdf)
- Fisher, A. (2012) *Curriculum Vitae*. Retrieved from <https://ot.wordpress.chhs.colostate.edu/wp-content/uploads/sites/7/2017/04/Fisher-11-12.pdf>
- Fisher, A. G., Murray, E.A., & Bundy, A. C. (1991). *Sensory Integration: Theory and Practice*. Philadelphia: F.A. Davis.
- Kielhofner, G., Burke, J., (1980) A model of human occupation: Part 1. Conceptual framework and content. *American Journal of Occupational Therapy*. 34(9):572-581. doi: 10.5014/ajot.34.9.572.

- Kohler, E., Mayberry, W. (1993) A comparison of practice issues among occupational therapists in the rural northwest and the rocky mountain regions. *American Journal of Occupational Therapy*. 47(8):731-737. doi: 10.5014/ajot.47.8.731.
- Latham, N., Jette, A., Ngo, L., Soukup, J., & Iezzoni, L. (2008). Did the 1997 balanced budget act reduce use of physical and occupational therapy services?. *Archives of Physical Medicine & Rehabilitation*, 89(5), 807-814.
- Page, C. M. (1989). Rural rehabilitation: It's time now. In Foss, G. (Ed.), *Meeting the rehabilitation needs of rural American* (p 1). Missoula, MT: University of Montana.
- Teoh, J.Y. & Iwama, M.K. (2015). *The Kawa Model Made Easy: a guide to applying the Kawa Model in occupational therapy practice* (2nd edition). Retrieved from: [www.kawamodel.com](http://www.kawamodel.com)
- United States Census Bureau (2016). *Quick Facts: Cody Wyoming*. Retrieved from <https://www.census.gov/quickfacts/fact/table/codycitywyoming/PST045216>

## Appendix

## Life History of Stuart Kuchel M.S, OTR/L

By: Michael Black, MOTS and Ariel Campbell, MOTS

<b>Life History Stuart Visual Display</b>				
<b>Codes</b>	Family Teams	Personal Education  Continuing Education/SI  Education Evolution  COTA Role  EBP  Mentorship	Making a difference “Service Jones” Personal Development Leadership Director of Pediatric Project Multidisciplinary Collaboration Medical Model/Payer Rural Practice Private Practice Pediatric exposure Clinical reasoning	Anthropology Ethnographic components Defining OT/Evolution Ill-defined theory base Social dynamics MOHO
<b>Categories &amp; Themes</b>	<b>Roles</b>  Stuart’s roles within his family influenced the manner in which he gained an education, and the manner in which he now practices.  In his thesis and in practice, Stuart has emphasized the importance team membership can have in effective treatment outcomes.	<b>Education</b>  Education has been a critical aspect of Stuart’s life both preceding and following his occupational therapy education.  Stuart’s feels that increased academic rigor results in a profession that is more valuable in the healthcare marketplace.	<b>Personal and Professional Development</b>  Service to others and collaboration have been the guiding elements in Stuart’s development.  Stuart’s involvement in an evolving mutli-disciplinary team and participation in the state representative assembly exposed him to leadership positions and resulted in personal and professional growth.	<b>Defining Occupational Therapy</b>  The broad, loosely defined theory base of occupational therapy has allowed Stuart to incorporate his understanding of social dynamics into his approach to practice.  In his private practice, Stu relies on his ability to embed himself within the social dynamics of families utilizing his background in anthropology to provide individualized care to his clients and their families.
<b>Assertion</b>	Stuart’s roles within his family, penchant for public service and collaboration, and his interest and prior education in anthropology have allowed him to develop a personal approach to occupational therapy practice.			